



Media Release Form

ThriveKids™ & Co.
Mind. Body. Character.

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Child's Name if participant is under the age of 18 (Please Print):	
_____	_____
First	Last
Parent/Guardian's Name (Please Print):	
_____	_____
First	Last
Email:	Telephone:
_____	_____
Signed: _____ Date: _____	
	Year Month Day

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Confidential Information